

Name
in
Full

Katherine Berrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

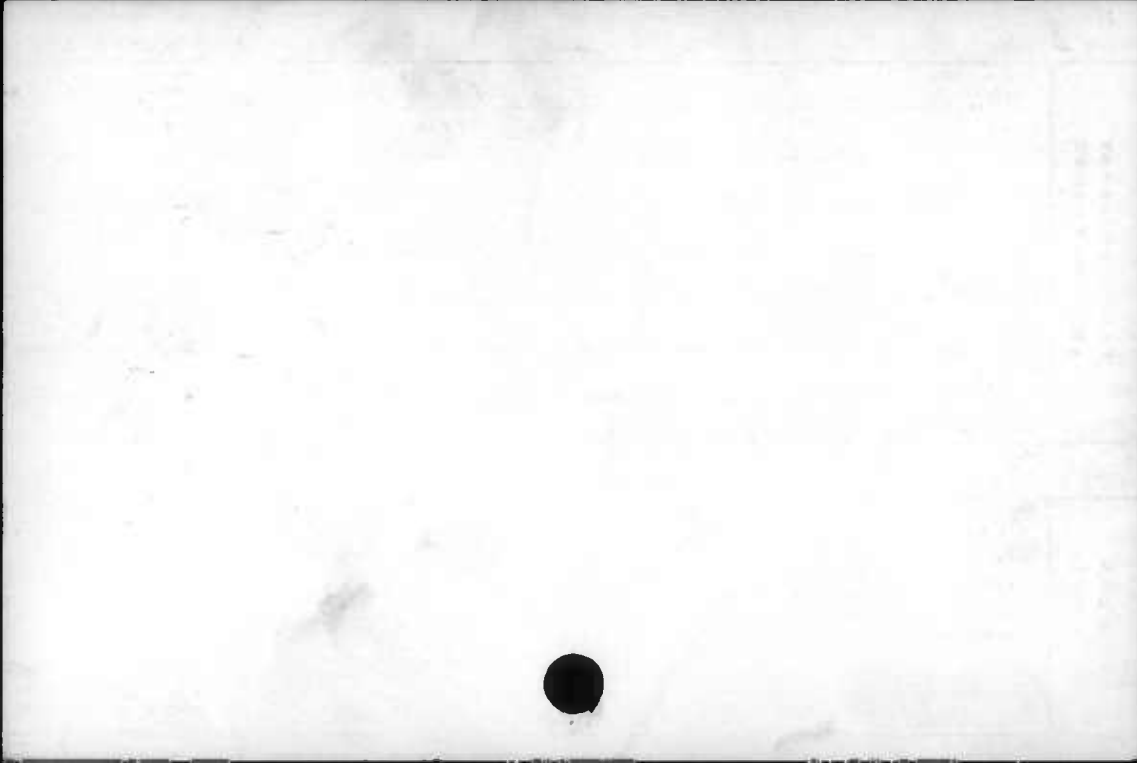
Died at <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND	
Date of death	1909	Month	July	Day	24
Age	34	Years		Months	
Sex	female	Color or Race	white	Birth-place	<i>Baltimore</i> Maryland
Occupation	housewife	Where Residing if not at place of death <i>resided at place of death</i>			
Married, Single or Widowed	married	Name of Wife or Husband <i>William Berrett</i>			
Father's Name	<i>Jacob Fuchs</i>	Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	<i>Annie B Fitcher</i>	Mother's Birthplace <i>Germany</i>			
Name of person giving Information	<i>William Berrett</i>	How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Ind</i>	
Accident or Suicide <i>no</i>			



Name
in
Full

Claude Brown

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	23	Age	2		
Sex	Male	Color or Race	(Col)		Birth-place	Maryland	
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		none		
Father's Name	David Brown				Father's Birthplace	Virginia	
Mother's Maiden Name	Mary Fuller				Mother's Birthplace	Maryland	
Name of person giving Information	Herman Allen				How related to deceased	none	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	In Pericarditis		How long	6 mos.
Immediate	Exhaustion		How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	M.C. Smith
			Address	Ellicott City
				
Accident or Suicide				



156

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Thomas John Burries

County

MARYLAND

Date
of death

1909 July

Day

30

Age

Years

Months

Days

17

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

George M. Burries

Father's
Birthplace

Montgomery Co.

Mother's
Maiden Name

Mary Thompson

Mother's
Birthplace

Howard Co.

Name of person giving
Information

Charles Carroll

How related
to deceased

none

CAUSES OF DEATH

Primary

Inanition

How long

15 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

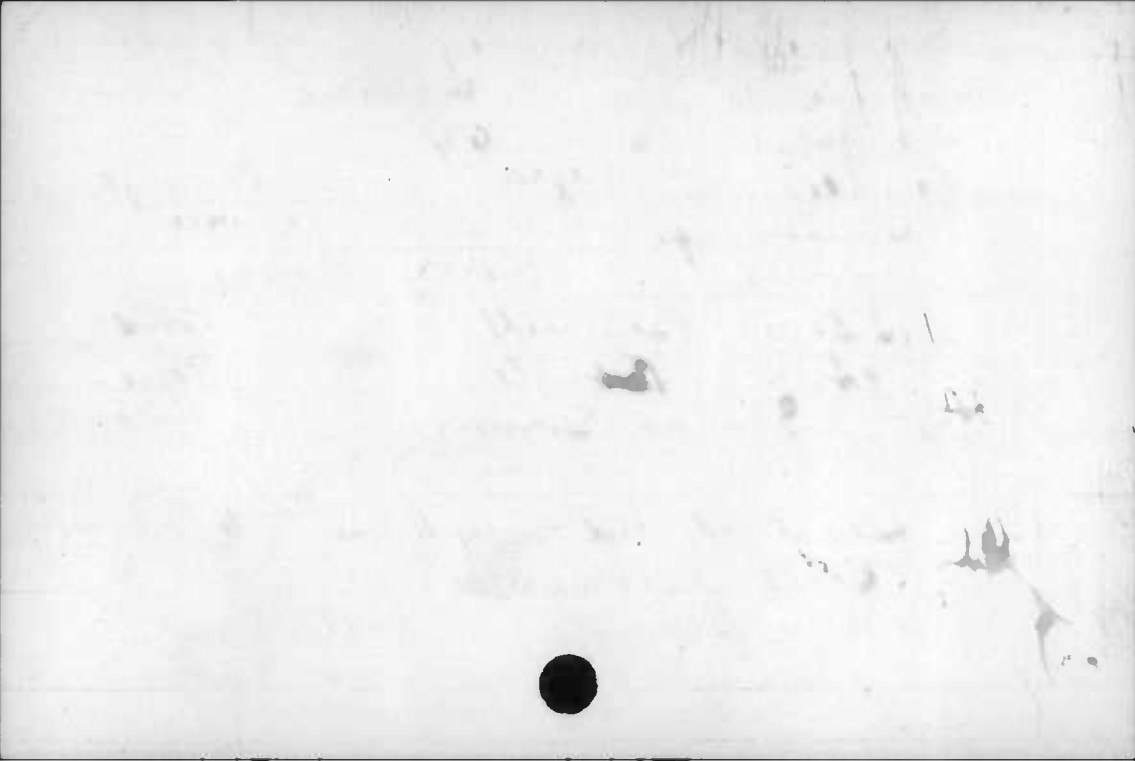
John W. Webb Jr.
West-Friendship
Howard County Md.PHYSICIAN
OR CORONER

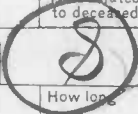
Accident or Suicide

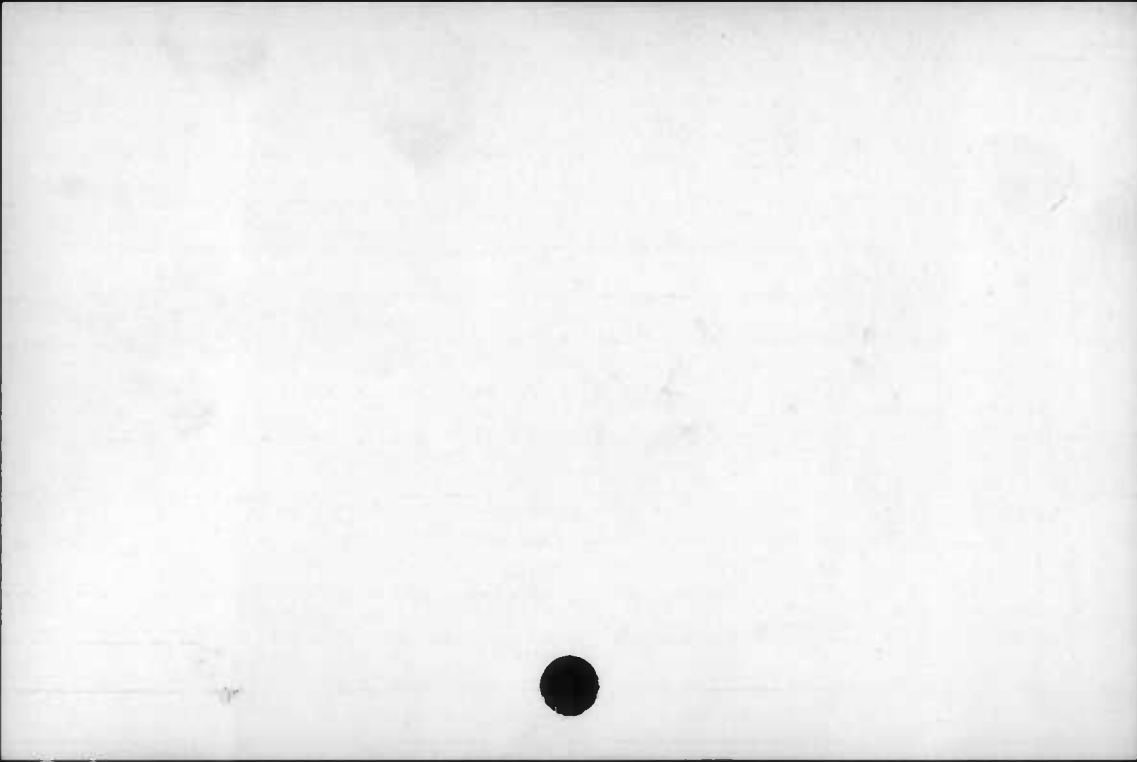


751

Name in Full		Sydney A. Doney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Lisbon		County		MARYLAND	
	Date of death	1909	Month	July	Day	26	Age
					Years	64	Months
							Days
	Sex	Female		Color or Race	negro		Birth-place
	Occupation	House-wife		Where Residing if not at place of death	above.		
	Married, Single or Widowed	Married		Name of Wife or Husband	Perry Doney.		
PHYSICIAN OR CORONER	Father's Name	Lewis Bennett				Father's Birthplace	Md.
	Mother's Maiden Name	Annie Bhatler				Mother's Birthplace	Md
	Name of person giving information	Isaiah Somers.				How related to deceased	Friend.
	CAUSES OF DEATH						79
PHYSICIAN OR CORONER	Primary	Heart of Kidney Disease.				How long	6 months
	Immediate	Heart disease.				How long	" "
	Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	J. W. Lacy.		
	Address	Lisbon Md					
Accident or Suicide?		no					



Name in Full		Rosie Watson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Daisy		County		MARYLAND	
	Date of death	1909	Month	July	Day	11	Age
	Sex	Female		Color or Race	Negro.		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Zacariah J. Watson				Father's Birthplace	Ma.
	Mother's Maiden Name	Emma J. Watson				Mother's Birthplace	Ma
PHYSICIAN OR CORONER	Name of person giving information	Emma J. Watson				How related to deceased	Mother
	CAUSES OF DEATH						
	Primary	Maternal anasarca				How long	
	Immediate	Abdominal ascites				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician		J. W. Lang.	
			Address		Linton.		
	Accident or Suicide?				Ma		



Name
in
Full

R. E. Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fulton ^{Town} Howard ^{County} MARYLAND
Date of death 1909 ^{Month} July ^{Day} 8 ^{Years} 26 ^{Months} — ^{Days} —
Age unborn
Sex Male Color or Race white Birth-place unknown
Occupation stationer Dalesman Where Residing if not at place of death Richmond Va
Married, Single or Widowed Single Name of Wife or Husband Elizabeth
Father's Name Marius J. Duvall Father's Birthplace A. A. Co.
Mother's Maiden Name Mary. Stedd Mother's Birthplace Va.
Name of person giving Information J. A. Maloney How related to deceased "

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Failure How long suddenly
Immediate

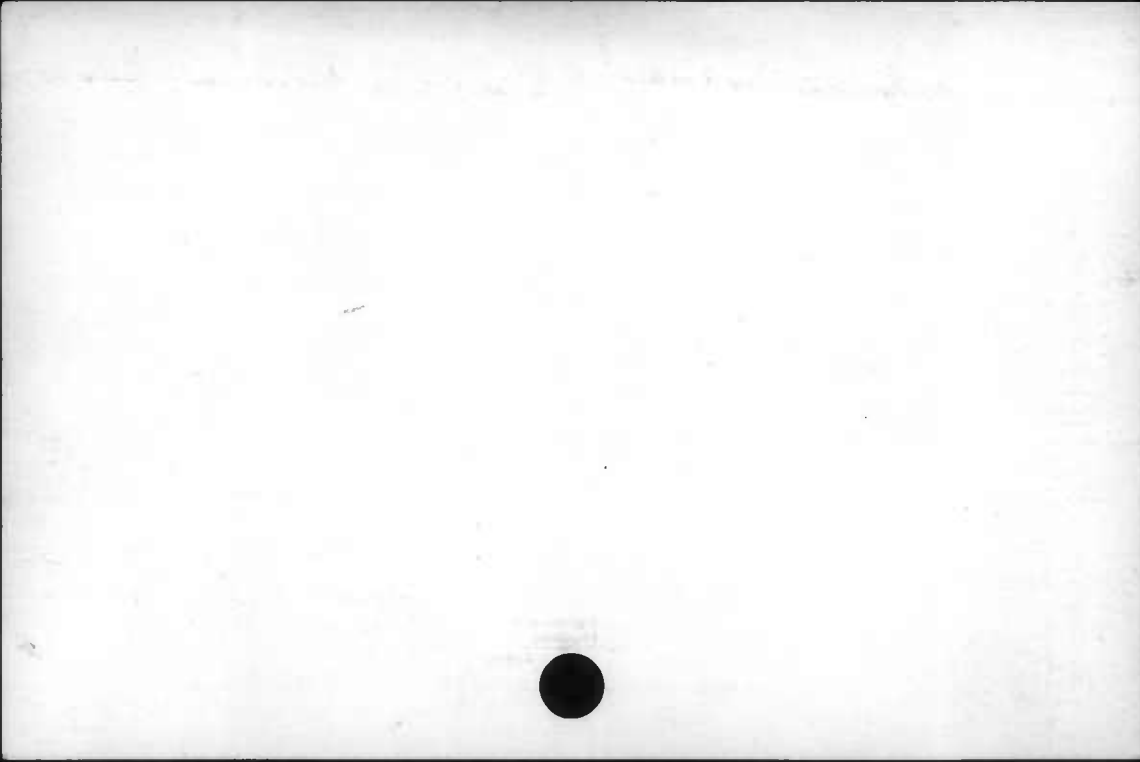
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. J. Disney J.P.
Highland, Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Regina Elmore</i>		Town <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Elk Ridge</i>		Month <i>July</i>		Day <i>31st</i>		Age <i>4</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>31st</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Bolton Md</i>		Days <i>24</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Resided in Bolton Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Edward Elmore</i>		Father's Birthplace <i>New York</i>					
Mother's Maiden Name <i>May Hudson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>May Hudson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>4 days</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
Accident or Suicide <i>no</i>	Address <i>Elk Ridge Md</i>

W^m B. Crothers
428 Frederick Ave
Baltimore.

Name
in
Full

Benjamin W. Goodrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Allicott City Town Howard County MARYLAND
Date of death 190 9 Month July Day 29 Age 32 Years Months Days
Sex Male Color or Race (Ces) Birth-place Maryland
Occupation Minister Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none
Father's Name John H. Goodrich Father's Birthplace Maryland
Mother's Maiden Name Mary A. Parker Mother's Birthplace Maryland
Name of person giving Information John H. Goodrich How related to deceased Father

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 2 years (?)
Immediate Asthenia How long 6 months (?)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Wm. B. Lambrell
Address Allicott City, Md.

Patient of Dr. W. C. Stone

Accident or Suicide

PHYSICIAN
OR CORONER



256

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Hill Hansson</i>		Town <i>Im Jerssups</i>		County <i>Hovand</i>		MARYLAND	
Died at <i>Im Jerssups</i>		Month <i>July</i>		Day <i>1</i>		Age <i>78</i>	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>1</i>		Months <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>England</i>		Days <i>1</i>	
Occupation <i>Carpen Lon</i>		Where Residing if not at place of death <i>near Jerssups</i>					
Married, Single or Widowed <i>yes</i>		Name of Wife or Husband <i>Louisa Hansson</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Frank Hansson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>		How long <i>3 years</i>	
Immediate <i>embolism</i>		How long <i>progressive</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Williams M.D.</i>	
Address <i>Savage</i>			
Accident or Suicide? <i>within</i>			



Name
in
Full

William Lemuel Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

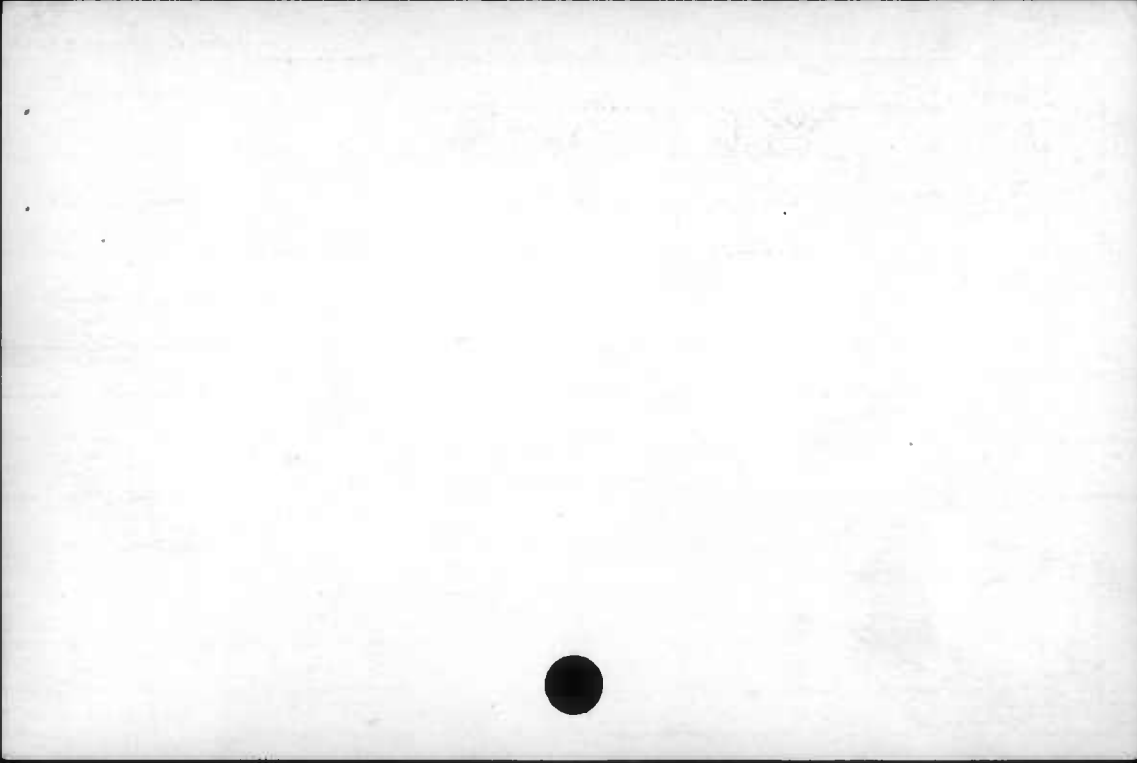
Died at <u>Dorsey</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>8</u>	Age <u>0</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dorsey, Md.</u>		
Occupation <u>none</u>		Where Residing if not at place of death <u>Dorsey, Howard Co., Md.</u>			
Married, Single or Widowed		Name of Wife or Husband <u>none</u>			
Father's Name <u>Richard Stewart Hook.</u>		Father's Birthplace <u>Annapolis, Md.</u>			
Mother's Maiden Name <u>Annie Baird</u>		Mother's Birthplace <u>Scotland</u>			
Name of person giving Information <u>Mrs. R. B. Hook</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>one month</u>
Immediate <u>Exhaustion</u>	How long <u>about 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm R. Eareckson</u>
<u>8</u>	Address <u>East Ridge</u>
<u>Accident or Suicide</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Jackson
Disd at ^{Town} Ellicott City ^{County} Howard MARYLAND
Date of death 1909 ^{Month} July ^{Day} 31st ^{Years} Age 80 ^{Months} ^{Days}
Sex male Color or Race Black Birth-place Maryland
Occupation Farmhand Where Residing if not at place of death Ellicott City
Married, Single or Widowed Married Name of Wifs or Husband Ann Jackson
Father's Name not known Father's Birthplace not known Maryland
Mother's Maiden Name not known Mother's Birthplace not known
Name of person giving Information J. M. Johnson How related to deceased none

CAUSES OF DEATH

157

Primary Hanging and
Immediate Strangulation

How long

X

How long

X

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

William F. Lilly (Coroner)
Address Ellicott City, MdPHYSICIAN
OR CORONER

Accident or Suicide



95L

Name
in
Full

Edna Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard co		MARYLAND	
Date of death 190		9	Month July	Day 23	Age	Years 4	Months Days 8
Sex Female		Color or Race White		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Geo. W. Johnson				Father's Birthplace Md			
Mother's Maiden Name Mamie Smith				Mother's Birthplace Md			
Name of person giving In formation Geo W Johnson				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	24 hours
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. B. Rogers and	
Address Ellicott City Md			
Accident or Suicide?			

July 25/90
Place of Birth St Marys
Hampden
W. E. Chewetts Son
Undertakers
3617 Chestnut Ave

156

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Savage</i>		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death	1909	Month	7	Day	1	Age	61
Sex	male	Color or Race	white	Birth-place	va.	Months	1
Occupation	Carpenter		Where Residing if not at place of death		Savage Md.		
Married, Single or Widowed	married	Name of Wife or Husband	Martha Jones				
Father's Name	Berryman Jones		Father's Birthplace		va.		
Mother's Maiden Name	Purmon		Mother's Birthplace		va.		
Name of person giving information	Carson W. Jones		How related to deceased		Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver		How long	6 mos.
Immediate	Heart Failure		How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. W. Linsell M.D.
			Address	Savage Md.
Accident or Suicide?	no			



Name
in
Full

Emina Klaschus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ellicott City* ^{Town} *Howard* ^{County}
 Date of death *1909 July 18* ^{Month} ^{Day} Age *—* ^{Years} Months *2* ^{Months} Days *25* ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Howard Co.*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Henry Klaschus* Father's Birthplace *Germany*
 Mother's Maiden Name *Minnie Jorath* Mother's Birthplace *Germany*
 Name of person giving Information *Henry Klaschus* How related to deceased *Father*

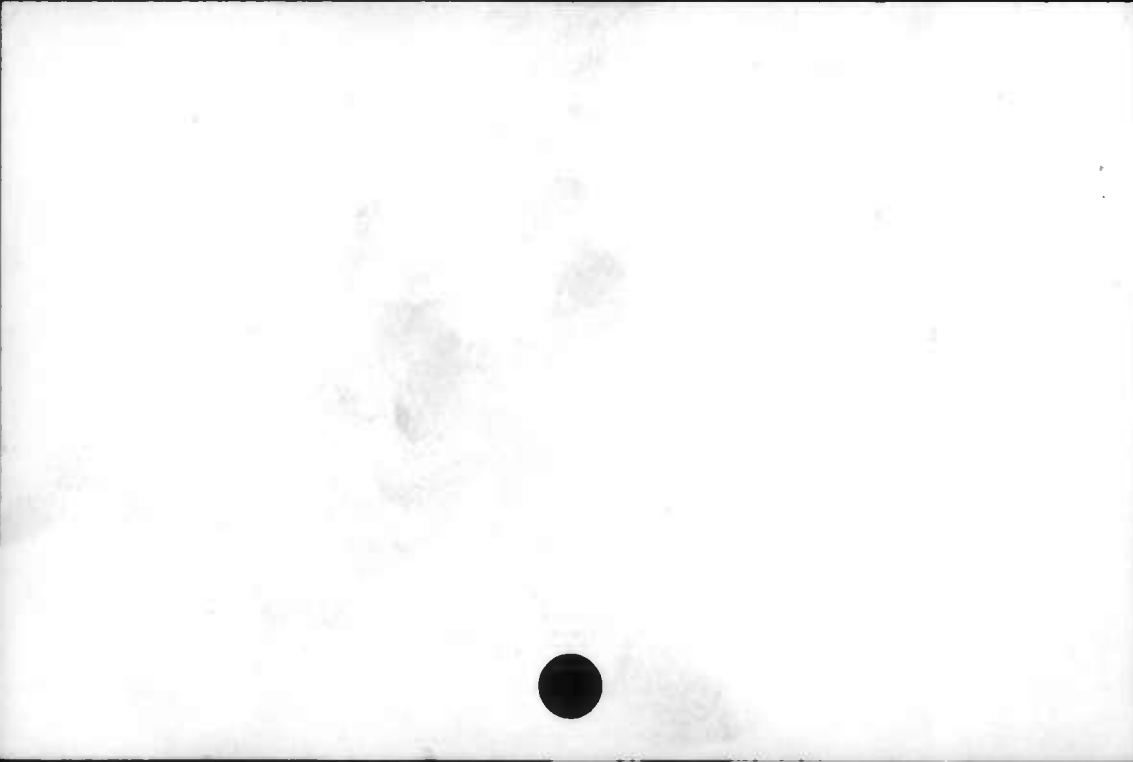
CAUSES OF DEATH

151

X

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *11 weeks*
 Immediate *& evacuation*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *John W. Keith*
 Address *West-Friendship Howard Co. Md.*
 Accident or Suicide *8*



Name
in
Full

Rosie Pearl Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	29	3	5	5	
Sex	Female			Color or Race	White		
Birth-place	Ellicott City, Md						
Occupation	Infant			Where Residing if not at place of death		_____	
Married, Single or Widowed	Single			Name of Wife or Husband _____			
Father's Name	John F. Porter				Father's Birthplace	Md	
Mother's Maiden Name	Ida L. Hendricks				Mother's Birthplace	Md	
Name of person giving Information	John F. Porter				How related to deceased	Father	

CAUSES OF DEATH

Primary	Whooping Cough	How long	3 Weeks
Immediate	Broncho-Pneumonia	How long	9 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm. B. Gambrill	
Address		Ellicott City, Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elk Ridge		Haverd County		MARYLAND	
Date of death	1909	Month	7	Day	27	Age	50
Sex	Female	Color or Race	Colored	Birth place	MD		
Occupation	Housewife			Where Residing if not at place of death	Elk Ridge		
Married, Single or Widowed	Married		Name of Wife or Husband	Geo Rebottom			
Father's Name	Not known				Father's Birthplace		
Mother's Maiden Name	"				Mother's Birthplace		
Name of person giving Information	Geo Rebottom				How related to deceased	Husband	

CAUSES OF DEATH

Primary	Paralysis	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Tongue
		Address	Elk Ridge MD
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Howard Reely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Guilford ^{Town} Howard ^{County} MARYLAND
Date of death 190 9 ^{Month} July ^{Day} 7 ^{Years} 8 ^{Months} 27 ^{Days}
Sex male Color or Race white Birth-place Guilford
Occupation _____ Where Residing if not at place of death _____

Married, Single Single or ~~Widowed~~ Name of Wife or Husband _____
Father's Name Richard Reely Father's Birthplace Guilford
Mother's Maiden Name Annie Gavigan Mother's Birthplace Balto Co
Name of person giving Information Richard Reely How related to deceased father

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary Malnutrition How long 5 months
Immediate Dysentery How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas Tumbleson

Address

Guilford
md

Accident or Suicide

104



Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

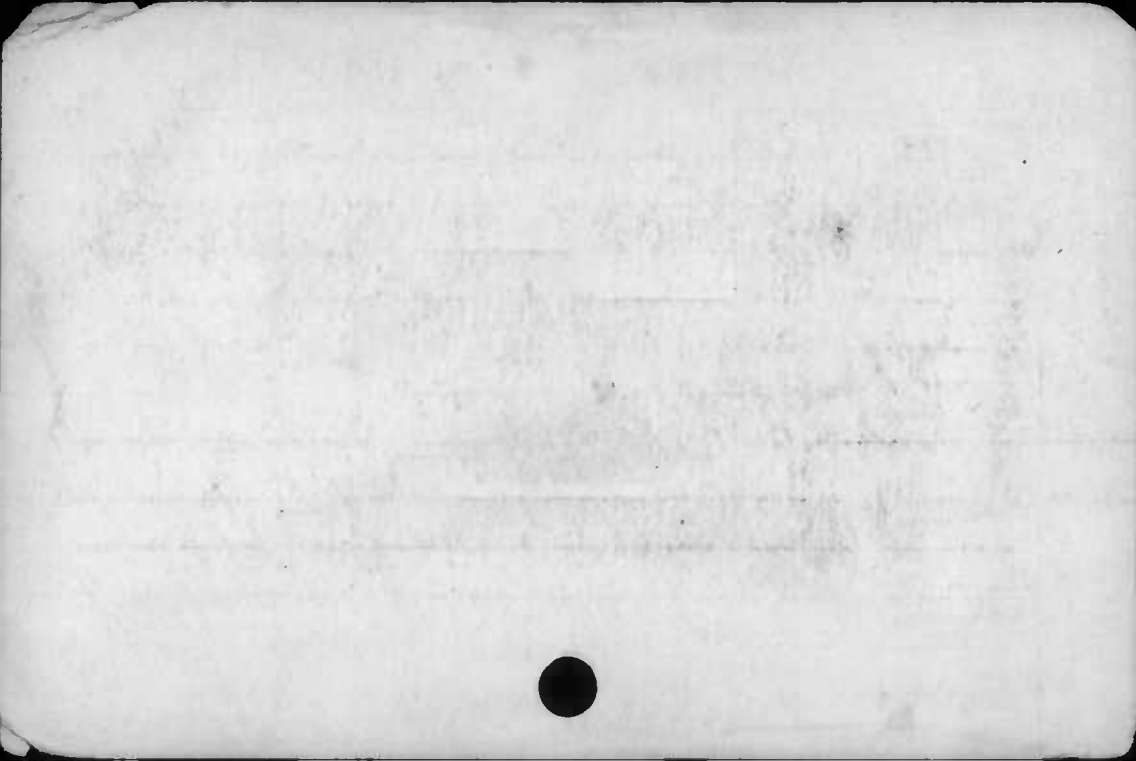
(Not named) child still Born Sauter

CERTIFICATE OF DEATH

Died at <u>Doughoregan</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1909</u> ^{Month} <u>July</u> ^{Day} <u>21st</u> ^{Age} <u>Still</u> ^{Months} <u>Born</u> ^{Days}	Sex <u>Female</u>		Color or Race <u>white</u>	Birth-place <u>Doughoregan</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>at residence</u>			
Married Single or <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Walter T. F. Sauter</u>		Father's Birthplace <u>Baltimore Md</u>			
Mother's Maiden Name <u>Helen Banks</u>		Mother's Birthplace <u>Lake City Minn</u>			
Name of person giving information <u>Walter T. F. Sauter</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Prolonged birth</u>		How long	<u>Dead born</u>
Immediate	<u>supposed to be shock</u>		How long	<u>not known</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Benj. F. Shipley M.D.</u>		
		Address <u>alpha Md</u>		
Accident or Suicide? <u>Possibly accidental</u>				



Name
in
Full

Mary Matilda Scott

CERTIFICATE OF DEATH

Died at ^{Town} Waterloo ^{County} Howard MARYLAND

Date of death 1909 ^{Month} July ^{Day} 22 Age ^{Years} 59 ^{Months} 1 ^{Days} 17

Sex Female Color or Race white Birth-place Md

Occupation Housewife Where Residing if not at place of death

~~Married, Single~~ widow Name of Wife or Husband Geo. A. Scott

Father's Name James Boyd Father's Birthplace Md

Mother's Maiden Name Mary M. Hedrick ~~Watkinson~~ Mother's Birthplace ~~Watkinson~~

Name of person giving Information Robert White How related to deceased Son in law

CAUSES OF DEATH

Primary Skant failure & Nephritis How long 120 X

Immediate Uremic Coma How long 2 days.

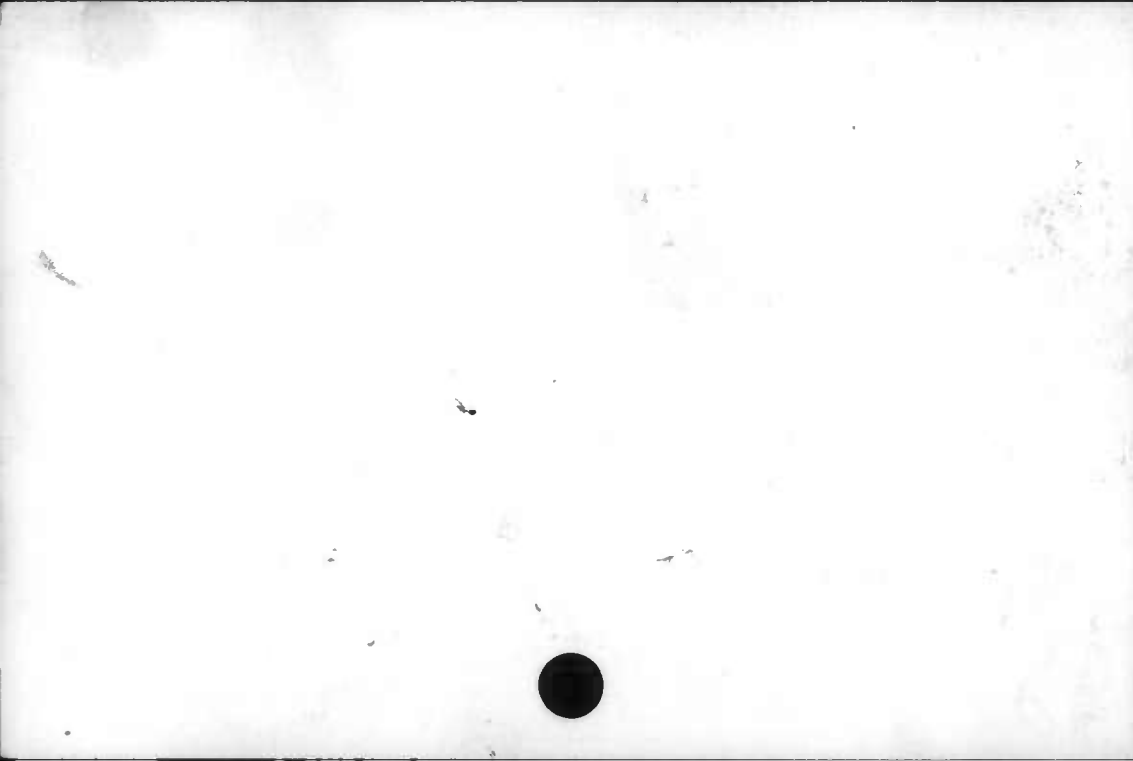
Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician Chas. B. Thompson

Address Guilford Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Katie Mary Seal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mar Laurel* ^{Town} *Harwood* ^{County} *Geo.*
Date of death 1909 ^{Month} 7 ^{Day} 24 Age ^{Years} 24 ^{Months} 3 ^{Days}
Sex *Female* Color or Race *White* Birth-place *md.*
Occupation *nam* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *unknown* Father's Birthplace *unknown*
Mother's Maiden Name *Rosa Seal* Mother's Birthplace *unknown*
Name of person giving Information *mother* How related to deceased *—*

CAUSES OF DEATH

179

Primary *Congestive weakness* How long *3 mo.*
Immediate *no reaction* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

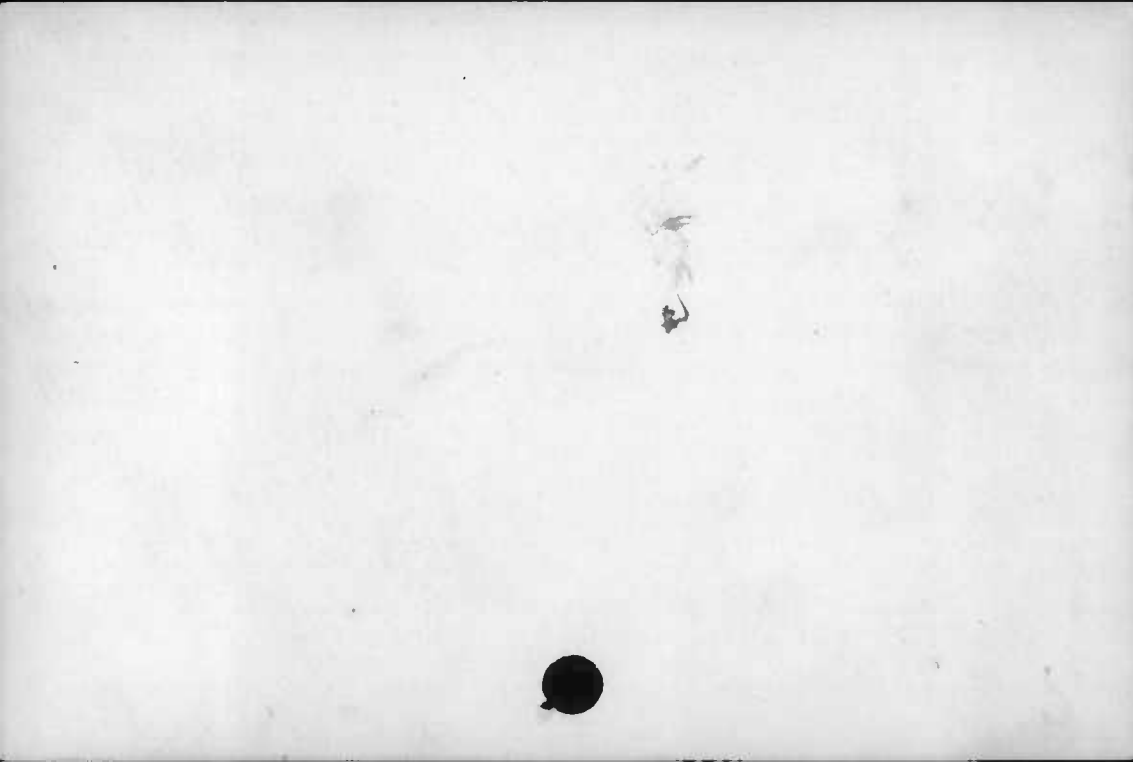
Signature of Physician *Dr. Braumiller*
Address *Laurel*

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Savage		Horton		MARYLAND						
		Date of death		1909	Month	7	Day	7	Age	Years	Months	3	Days	8
		Sex	male		Color or Race	white		Birth-place	Md					
		Occupation	Infant		Where Residing if not at place of death		Savage							
		Married, Single or Widowed	Single		Name of Wife or Husband									
PHYSICIAN OR CORONER		Father's Name		J. Jacob Speacht				Father's Birthplace		Md				
		Mother's Maiden Name		Viola Warkny				Mother's Birthplace		Md				
		Name of person giving information		Viola Speacht				How related to deceased		mother				
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Acute Indigestion				How long		10 days				
		Immediate		Exhaustion				How long		progressive				
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		W. J. [illegible] MD				
								Address		Savage Md				
		Accident or Suicide?		no										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Frederick Weyrich

Town

County

MARYLAND

Died at

Atholton

Howard

Date

of death

190

9

July

8th

Age

3

3

Months

4

Days

1

Sex

male

Color or
Race

white

Birth-
place

Balto Md

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary M. E. Weyrich

Father's
Name

Otto J. Weyrich

Father's
Birthplace

Balto Md.

Mother's
Maiden Name

Anna E. Germeroth

Mother's
Birthplace

Balto Md.

Name of person giving
Information

Mary M. E. Weyrich

How related
to deceased

wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 years

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas C. Tumbleson
Guilford
Md.

Accident or Suicide

PHYSICIAN
OR CORONER

